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Youth'07

The Health and Wellbeing of Secondary School Students in New Zealand

Results for
Young People Attracted to the
Same Sex or Both Sexes



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Foreword

Kia ora tatou,

Rainbow Youth, the New Zealand AIDS Foundation and OUT THERE! have been working together for many years to educate people and promote diversity and awareness of queer youth. Studies such as Youth'07 are integral to this process, as not only do they give queer youth a voice, but they also affirm the sexuality and identity of young people who are part of schools and key youth environments around the country.

Work continues daily to support queer youth across New Zealand, and today there is a distinct network of youth groups, gay/straight alliances and peer support groups. The earlier report from the first Youth2000 survey in 2001: *Non-heterosexual Youth: A Profile of their Health and Wellbeing* (2005) has been used extensively and has been instrumental in establishing better services for queer youth. Projects have been funded and prioritized due to this information and some needs have been met, but more work is needed.

This current report shares with us some key issues which will highlight to organisations such as ours the path we take to better meet the needs of our queer youth, friends and whānau. Without studies such as these we would be limited in our ability to reach isolated youth who are questioning either their sexuality or gender identity.

Combating bullying, homophobia, transphobia and increasing the awareness in New Zealand culture of queer youth is an essential aspect of creating healthier communities. This report will help us to build a core network of youth programmes and peer supports, whilst encouraging better health and overall wellbeing. Please read it and recognise the key issues highlighted.

Thomas Hamilton

Thomas Hamilton
Executive Director, Rainbow Youth



Foreword

The New Zealand AIDS Foundation (NZAF) is proud to be involved with this analysis of the Youth'07 same/both-sex-attracted youth data. Youth'07 provides invaluable insight into the lives of same/both-sex-attracted high school students in New Zealand, and alongside the previous information from the first Youth2000 survey gives us an important understanding of the progress and the ongoing challenges still needing to be addressed for this group of young people.

The NZAF is committed to reducing the transmission of HIV; improving the health and well-being of young gay and bisexual men is crucial in achieving this goal. Through OUT THERE!, a joint queer youth development project with Rainbow Youth, the NZAF aims to improve safe sexual practice by reducing the negative impact on queer youth of homophobia and transphobia by developing safe and supportive environments for all young people regardless of their sexuality or gender identity. The findings contained in this report will play a key part in informing the direction of the work ahead for all who are committed to improving the health and wellbeing of all young people, by endorsing and recognising that there is a duty to do as much as they can to promote diversity and difference.

The NZAF would like to acknowledge the young people who took part in the Youth'07 survey. Their contribution will chart the course for our work for years to come.



Rachael Le Mesurier

Executive Director, New Zealand AIDS Foundation



NEW ZEALAND AIDS FOUNDATION
Te Tuapapa Māte Araikore o Aotearoa

This report was funded by OUT THERE! (a joint Rainbow Youth and New Zealand AIDS Foundation project).



Executive Summary

This report presents information on the health and wellbeing of secondary school students who report being sexually attracted to others of the same sex or to both sexes. The information is drawn from New Zealand's second national youth health and wellbeing survey, conducted in 2007 and in particular from the 8,002 secondary school students who responded to the questions on sexual attraction. Selected findings are compared with those from the first survey, conducted in 2001.

In 2007 almost all same/both-sex-attracted students reported positive and caring relationships with their parents and that they were happy or satisfied with life. The majority of these students had positive views on school, with most indicating that school was okay, that they felt part of their school and that the adults at their school cared about them. Strong social connections were observed for most same/both-sex-attracted students: the majority had friends they could talk to about anything and three-quarters thought their friends cared about them a lot. Contributing to their communities was something that many same/both-sex-attracted students did and they were more likely than opposite-sex-attracted students to work as volunteers.

While most same/both-sex-attracted students appear to be doing well, there were some concerning health disparities when these students were compared to their opposite-sex-attracted counterparts. In particular, rates of alcohol and drug use, sexually transmitted infections and mental ill-health all appear elevated among same/both-sex-attracted students. It is of particular concern that approximately half of the same/both-sex-attracted students surveyed had deliberately self-harmed in the previous year and more than a third had seriously thought about attempting suicide. Many same/both-sex-attracted students had seen a health professional for emotional worries within the past 12 months. However, a sizeable proportion had difficulty accessing healthcare when it was needed.

The health and wellbeing of many same/both-sex-attracted students was negatively affected by their social environment. More than half had been hit or physically harmed by another person in the previous 12 months. Of those that had been bullied, a third had been bullied because they were gay or people thought they were gay, and one in five continued to be afraid that someone would hurt or bother them at school. The majority had not come out to others, and most same/both-sex-attracted students felt that they could not talk to their family about their sexuality. Twice as many same/both-sex-attracted as opposite-sex-attracted students had run away from home overnight.

Between 2001 and 2007 there were several notable improvements in the health and wellbeing of same/both-sex-attracted students. In particular, fewer same/both-sex-attracted students reported cigarette smoking. And secondly, a greater proportion of same/both-sex-attracted students reported having friends that cared about them in 2007.

These aside, it is of concern that same/both-sex-attracted students did not experience the same improvements as their opposite-sex-attracted peers between 2001 and 2007. For example, same/both-sex-attracted students did not show the increase in those who felt happy or satisfied with life seen among opposite-sex-attracted students, and of even greater concern, nor did they share the same decreases in suicide attempts observed among opposite-sex-attracted students between 2001 and 2007.



Introduction

Youth'07: the National Health and Wellbeing Survey of New Zealand Secondary School Students is New Zealand's second such survey, following on from the first national youth health survey conducted in 2001. Both these surveys are part of Youth2000, which is run by the Adolescent Health Research Group (AHRG) at The University of Auckland. The aim of Youth2000 is to provide information on health and wellbeing issues among secondary school students - information that is current, accurate and representative of young people growing up in New Zealand.

This report presents information on those students in Youth'07 who reported they were sexually attracted to others of the same sex or to both sexes. It can be compared with the report *Non-heterosexual Youth: A Profile of their Health and Wellbeing* (Le Brun et al., 2005), which presented findings from the 2001 survey. That survey found that 3.9% of secondary school students in New Zealand were same-sex- or both-sex-attracted. As such, these young people form a sizeable group, comparable in proportion to other minority populations (e.g. minority ethnic groups). Internationally it has been estimated that approximately 5% of youth are same-sex or both-sex-attracted (Lock & Steiner, 1999). There is increasing evidence that same-sex and both-sex-attracted youth differ from their opposite-sex-attracted peers on various indices of health and wellbeing. For instance same-sex and both-sex-attracted young people are thought to be at elevated risk of mental ill-health (Fergusson, Horwood, & Beautrais, 1999), peer victimization (Williams, Connolly, Pepler, & Craig, 2005) and sexual risk-taking (Lock & Steiner, 1999). In the past, the problems or issues same-sex and both-sex attracted youth experienced were often viewed as a direct consequence of their 'deviant' sexual orientation (Gonsiorek, 1991). More current perspectives focus on the presence of risk factors and lack of protective factors, within homophobic¹ environments, as the primary

contributors to these problems (Williams et al., 2005). It is apparent that further investigation of potential differences according to sexual attraction is warranted and that studies in the area of human sexuality require some understanding of a range of inter-related concepts, with the issues of definition and description holding particular importance.

Categorisation and terminology

In the previous report arising from the 2001 survey, *Non-heterosexual Youth: A Profile of their Health and Wellbeing*, (Le Brun et al., 2005) participants were categorised as either 'heterosexual' (i.e. those reporting attraction to the opposite sex) or 'non-heterosexual' (i.e. those reporting attraction to the same sex, both sexes, neither sex, or not sure). However, combining all the latter into a single heterogeneous 'non-heterosexual' group limited the usefulness of comparisons. In the present report participants are divided instead into three groups: opposite-sex-attracted; same-sex- and both-sex-attracted; neither-sex-attracted and not sure. The latter two groups are referred to for brevity as 'same/both-sex-attracted' and 'not sure/neither'. Grouping participants as opposite-sex-attracted (comparable to 'heterosexual') and same/both-sex-attracted (in some ways comparable to 'lesbian, gay or bisexual') is consistent with comparable population-based research conducted with young people elsewhere (Consolacion, Russell & Sue, 2004; Espelage, Aragon, Birkett, & Koenig, 2008; Fergusson et al., 1999; Russell & Joyner, 2001).

Community consultation amongst gay, lesbian, bisexual and takatāpui² organisations indicated a preference to avoid using the term 'non-heterosexual' as it has the potential to perpetuate heteronormativity³ through the placement of same/both-sex-attracted youth in a 'non' or 'other' category. We have attempted

¹ The fear of, or aversion to homosexuality or those thought to be homosexual, often resulting in discriminatory behaviour toward the person thought to be homosexual.

² A traditional Māori word which historically means intimate companion of the same sex.

³ Heterosexuality is seen as the only 'normal' sexual orientation.



to adopt a more normalising approach through the use of relatively neutral terms such as same/both-sex-attracted and opposite-sex-attracted.

Sexual attraction, sexual orientation, sexual behaviour and coming out

In both the Youth2000 surveys (2001 and 2007) participants were asked about their sexual attraction⁴, but not their sexual orientation⁵, sexual identity⁶ or same-sex sexual behaviour⁷. Same-sex attraction is highly correlated with other common indicators of sexual orientation, including sexual behaviour and self-identification (e.g. as gay, lesbian, bisexual or takatāpui) (Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008). However, researchers have found that adolescents who experience same-sex attractions or who engage in same-sex sexual behaviour will not necessarily identify as gay, lesbian or bisexual (Consolacion, Russell, & Sue, 2004). Adolescents who experience same-sex attractions may or may not be sexually active with someone of the same sex, and may still consider themselves to be heterosexual or straight.

For many young people, understanding and making sense of their sexuality is a challenging learning process. For about 90% of all young people, the outcome of adolescent experience is interest in the opposite sex only and the acceptance of a heterosexual orientation is taken for granted (Udry & Chantala, 2005). For the young people who are attracted to the same or both sexes, the process of coming to understand their own sexuality is more complex and may involve many challenges.

⁴ Refers to an individual's sexual longings and attraction toward a male or female partner.

⁵ An enduring emotional, romantic, sexual, or affectional attraction toward others. Sexual orientation is often classified as heterosexual, bisexual and homosexual.

⁶ Self-recognition of one's sexual orientation and sexual behaviours and the meanings one places on them.

⁷ Includes the sexual activities that an individual engages in with people of the same sex.

One particular challenge arises over the disclosure of one's sexuality or coming out, which is an important part of sexual identity formation (Hegna & Wichstrom, 2007). For young people who are attracted to the same or both sexes, identity formation may or may not include disclosing one's sexual orientation.

Individuals may elect to not disclose that they are same-sex-attracted in order to protect themselves and avoid homophobic reactions and stigma (D'Augelli & Patterson, 2001; Hegna & Wichstrom, 2007). Under these circumstances, relationships with friends and family may be based in part on fabrications and the creation of a 'false self' (D'Augelli & Patterson, 2001). The creation of a 'false self' can result in withdrawal, feelings of isolation and mental health problems (Maugen, Floyd, Bakeman, & Armistead, 2002). Others may try to deny, alter or hide their same-sex attractions, feelings or behaviour (Garofalo & Katz, 2001; Lewis, Derlega, Berndt, Morris, & Rose, 2001). While some adolescents can be tentative or ambivalent with regard to their sexual orientation, others may never have felt attractions to the opposite sex, to the same sex, or to either (Udry & Chantala, 2005). Whether they have experienced this ambivalence or not, given their developmental stage, issues surrounding disclosure to others for same/both-sex-attracted youth and the process of coming out are likely to be particularly salient. Moreover, the challenges around this are compounded by the fact that adolescents are very concerned about peer group conformity and acceptance throughout this developmental stage (Sigelman & Rider, 2006). Differences that may be celebrated later in life are therefore especially difficult for adolescents to deal with because of their developmental stage. Despite these challenges, most same/both-sex-attracted youth develop into healthy individuals (Garofalo & Katz, 2001) and fortunately there are known strategies that support this. For instance, promoting peaceful and accepting environments, as well as appreciating the importance of both adolescent friendships and family relationships, assists in supporting same/both-sex-attracted youth to develop as healthy young people (Williams et al., 2005).





The Survey



The Survey

Ethical procedures

Before starting the survey its design was checked by the University of Auckland Human Participants Ethics Committee. The responsibility of this committee is to advocate on behalf of research participants, and to ensure that the way in which researchers at the University of Auckland conduct their research is of the highest ethical standard. Thus before we began, the methods and the questionnaires we used for conducting the survey had all been scrutinised by an independent group of academics and community representatives. We then obtained consent to carry out the survey from the principal of each participating school. A few weeks before the survey was conducted at each school, information materials about the survey were sent to the school for distribution to parents and students. They were assured that participation in the survey was voluntary and that all information collected would be anonymous and confidential. All participating students gave their own consent to being surveyed.

Selection of the survey participants

The Youth2000 surveys aim to provide information that is representative of most young people growing up in New Zealand. For the Youth'07 survey we randomly selected 115 schools in New Zealand (from those with 50 or more students in years 9 to 14) and then randomly selected students from these schools and invited them to take part. The survey therefore did not include young people who do not attend school.

In total, 96 (83.5%) of the 115 schools selected participated in the survey. Of the participating schools, the majority were state funded, co-educational and large. Only 13 schools declined to participate and a further 6 schools withdrew their agreement to participate during 2007. Of the non-participating schools, 14/19 (74%) were in Auckland, Wellington or Hamilton, 11/19

(58%) were state schools, 13/19 (68%) were co-educational, and 17/19 (89%) were large schools.

To be eligible to participate, students had to be 18 years old or younger. In total, 12,549 students were invited to participate in the survey. Three-quarters (9,107) agreed to take part. This represents about 3% of the total 2007 New Zealand secondary school roll. The reasons that students did not take part in the survey included: not being at school on the day of the survey, being unavailable during the time the survey was conducted, or not wanting to take part in the survey.

Survey methods

The survey was carried out using internet tablets – essentially hand-held computers. At the start of the survey students were given an anonymous code that enabled them to log-in to the questionnaire on the internet tablet. The survey questions were displayed on its screen and also read out through headphones. Response options were also read out when the corresponding text on the screen was selected. This 'voiceover', and the on-screen questionnaire, were available in either English or Māori languages, with students able to toggle between the two. Students answered the questions by using a small stylus to touch the appropriate response on the screen. Students could choose not to answer any question or section of the survey. The branching program meant that students were not asked detailed questions about issues that were not part of their life experiences.

Before sensitive sections of the questionnaire, reminders were given that involvement in the survey was voluntary and that answers would remain confidential and anonymous. For questions thought to be potentially upsetting for students, 'safety' messages were added providing advice and contact details of people to talk to (including the people administering the questionnaire).



The questionnaire used in Youth'07 covered important health and wellbeing topics as well as risk and protective factors that increase or decrease the likelihood of positive and negative outcomes for young people in New Zealand. The questionnaire contained a total of 622 questions, but students answered fewer than this number due to the branching questionnaire design. This allowed for more in-depth questions in certain areas while limiting exposure to sensitive questions for students with no direct experience in these particular areas.

During the survey, we also measured each student's height, weight and waist circumference to obtain data on the physical measurements of New Zealand secondary school students. These measurements were taken, in private, part way through the survey.

NZ Deprivation Index

At the same time as the physical measurements were taken, students were also asked to provide the address of their usual place of residence, from which we ascertained the census meshblock number for that neighbourhood. Only the meshblock number was retained; students' names or addresses were not recorded. From the meshblock number for the neighbourhood where each student lived we determined whether it was rural or urban, and also obtained the standard measure of the level of social deprivation or socio-economic hardship in that neighbourhood. This measure, the New Zealand Deprivation Index, is calculated from nine variables from data from the 2006 census for that meshblock, including household income, home ownership, single parent families, employment, qualifications, overcrowding, and access to a telephone and car (Salmond, Crampton, Sutton, & Atkinson, 2006). In this report, the New Zealand Deprivation Index scores for each student's neighbourhood are grouped into one of three levels of deprivation - high, medium, or low.

Ethnicity

Ethnicity identification was based on student self-report. Students were asked 'Which ethnic group do you belong to?' based on the New Zealand Census standard 2001/2006 ethnicity question. Students were able to choose more than one response from a list of 23 options derived from level two groupings of ethnicity (Statistics New Zealand, 2005). Students who chose more than one ethnic group were assigned a single ethnic group using the 1996 New Zealand Census ethnicity prioritisation method.

Comparisons between the 2001 survey and the 2007 survey

The overall sample target size in both 2001 and 2007 was 10,000 students. The response rates among schools and among students were remarkably similar between the two surveys. In 2001, 86% of invited schools took part compared to 84% in 2007. In 2001, 75% of invited students took part, compared to 74% in 2007.

Participating students were very similar by age and year of schooling between the 2001 and 2007 surveys. However, there were differences with respect to the proportion of male and female students. In 2001 there were fewer male students than female students (46% vs. 54%). In 2007 these proportions were reversed, with more male students than female students (54% vs. 46%).

To allow for comparisons between 2001 and 2007, the Youth'07 survey followed a similar methodology to the 2001 survey with respect to sampling of schools, sampling of students, use of technology to enhance accuracy of reporting, and the use of similar or identical questions and response items within the survey questionnaire. Some of the questions used changed slightly between the two surveys - these changes are explained in the accompanying technical report (available from www.youth2000.ac.nz).



How to use the information in this report

This survey and the 2001 survey are the largest surveys of the health and wellbeing of young people in New Zealand and are of considerable importance for the purposes of planning and programme development for communities, schools and policy-makers. However, caution needs to be taken when interpreting the results, especially in relation to whether the findings reflect the wider youth population and in interpreting differences between groups of students.

The survey does not include young people who were not in school, had left school, or were in alternative education settings. Furthermore, there were a number of students who did not take part in this survey, often due to not being at school on the day of the survey. This means that the results are likely to be skewed towards a slightly 'healthier' picture of the youth population in New Zealand.

Interpreting the results

This report describes differences between opposite-sex-attracted, same/both-sex-attracted and 'not sure or neither' students from the Youth'07 Survey carried out in 2007. Differences between groups are described in the text only when they are statistically significant. Selected comparisons are also made between the same/both-sex-attracted students from the 2001 and 2007 surveys. When there are significant differences in the pattern of changes over this period between same/both-sex-attracted students and opposite-sex-attracted students these differences are highlighted.

When we report the statistics in this document, a number of parameters are given. In the tables, for each question from the survey we report 'N' which refers to the number of students who answered that particular question. Tables then give the weighted percentages ('%') and the number ('n') of students of each category who reported each of the different responses for that question. We also report 95% confidence intervals ('95% CI'), which indicate the precision of the percentage results by providing an interval in which we are

relatively sure the true value lies (i.e. we are 95% confident that the actual prevalence of that particular behaviour or response lies between the two bounds given). Wide confidence intervals indicate more uncertainty in the percentage results.

These percentages and confidence intervals were also used to compare responses between same/both-sex-attracted, opposite-sex-attracted and 'not sure/neither' students, and to compare the responses of same/both-sex-attracted students between the 2001 and 2007 surveys. As a rule of thumb, if the confidence intervals around two estimates do not overlap then the differences are more likely to be real or statistically significant. However, it is important not to place too much emphasis on apparent differences when the numbers of students reporting on specific issues are small.

To investigate if there were differences in the reporting of behaviours of same/both-sex-attracted and opposite-sex-attracted youth over time (i.e. between 2001 and 2007), logistic regression including age and gender and the interactions between sexual attraction and gender with the time of the survey were used. The results are presented in this report for same/both-sex-attracted and opposite-sex-attracted youth between 2001 and 2007 when there are significant differences. These differences are also highlighted in the tables of these comparisons in the appendices.

All the confidence intervals in this report have been adjusted or weighted for the clustering of students within schools. This is because students from the same school are more alike than students from different schools (Murray, 1998). The results have also been adjusted for the likelihood of selection: at very small schools a higher proportion of students was selected and thus to compensate for the higher likelihood of selection of these students their data have been given proportionately less weight.

For further details on the wording of questionnaire items and for the procedures outlined above, please refer to the Youth'07 Technical Report (AHRG, 2008) (available from www.youth2000.ac.nz).



Using the data as an advocacy tool

Please feel free to use the information in this report to advocate for the health and wellbeing of same/both-sex-attracted youth in your area. However, there is a delicate balance between advocacy and contributing toward the stigma associated with health and social disparities.

We urge all those who utilise this data to be mindful of not stigmatising same/both-sex-attracted youth. As the survey results clearly highlight, same/both-sex-attracted youth are a diverse population and many are very healthy and well.

The participants

In the Youth'07 questionnaire, all students were asked the question "Which are you sexually attracted to..." and could choose from the response options: 'the opposite sex', 'the same sex', 'both sexes', 'not sure' or 'neither'. From the total of 9,107 students who agreed to take part in the Youth'07 survey, 8,002 (88%) responded to this question. Of those who did not respond to this question 117 (1%) declined to answer the question; 550 (6%) skipped the entire sexual health section of the questionnaire; and 438 (5%) had quit the survey before reaching this question.

The 8,002 students who answered this question constitute the sample analysed in this report. Table 1 shows their responses. The pattern of responses is very similar to that in the 2001

survey: the great majority of students (92.2% in 2007 as also in 2001) responded that they were sexually attracted to the opposite sex. A very small proportion (0.9% in 2007 compared to 0.7% in 2001), responded that they were sexually attracted to the same sex, with nearly four times that many (3.3% in 2007 compared to 3.1% in 2001) responding that they were sexually attracted to both sexes. The combined 'same/both-sex-attracted' group thus represents 4.2%. A further 1.8% (compared to 1.7% in 2001) responded that they were not attracted to either sex and a similar proportion (1.8% in 2007 compared to 2.3% in 2001) were not sure who they were sexually attracted to. The combined 'not sure/neither' group thus represents 3.6%.

Table 1. Reported sexual attractions of students (2007)

	Opposite Sex	Same Sex	Both Sexes	Not Sure	Neither
n	7370	73	270	143	146
Percentage (95% CI)	92.2 (91.4 - 93.0)	0.9 (0.7 - 1.1)	3.3 (2.9 - 3.8)	1.8 (1.4 - 2.1)	1.8 (1.4 - 2.2)
	Same/Both Sexes		Not Sure/Neither		
n	343		289		
Percentage (95% CI)	4.2 (3.7 - 4.8)		3.6 (3.0 - 4.2)		



Table 2 summarises the sex, age, deprivation status, and geographical distributions of the sample of students, separated into opposite-sex-attracted, same/both-sex-attracted and not sure/neither.

Table 2. Demographic distribution of students by sexual attraction (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Total	7370	100 (N/A)	343	100 (N/A)	289	100 (N/A)
Sex						
Male	3968	53.9 (47.0 - 60.9)	165	48.3 (39.8 - 56.9)	112	38.7 (31.1 - 46.2)
Female	3402	46.1 (39.1 - 53.0)	178	51.7 (43.1 - 60.2)	177	61.3 (53.8 - 68.9)
Age						
13 or less	1424	19.2 (17.4 - 20.9)	39	11.2 (7.6 - 14.7)	95	32.2 (26.3 - 38.1)
14	1703	23.0 (21.6 - 24.5)	71	21.1 (16.0 - 26.2)	79	27.3 (21.8 - 32.7)
15	1605	21.8 (20.9 - 22.8)	95	27.6 (23.1 - 32.2)	52	18.3 (13.4 - 23.2)
16	1467	19.9 (18.7 - 21.2)	64	18.9 (14.0 - 23.7)	30	10.6 (6.7 - 14.4)
17 or older	1171	16.0 (14.4 - 17.5)	74	21.2 (16.7 - 25.8)	33	11.6 (8.3 - 15.0)
NZDep2006						
Low Deprivation	2764	37.9 (32.6 - 43.3)	130	37.7 (31.7 - 43.7)	85	29.8 (21.0 - 38.5)
Medium Deprivation	2839	38.8 (36.0 - 41.6)	128	37.3 (32.6 - 42.0)	91	31.7 (23.8 - 39.6)
High Deprivation	1710	23.3 (18.2 - 28.3)	84	25.0 (18.7 - 31.3)	110	38.5 (28.3 - 48.8)
Geography						
Urban geography	6096	83.5 (79.2 - 87.9)	295	86.3 (80.7 - 91.9)	260	90.8 (86.0 - 95.7)
Rural geography	1219	16.5 (12.1 - 20.8)	47	13.7 (8.1 - 19.3)	26	9.2 (4.3 - 14.0)

Table 3 shows that there were few major differences in the sex and age distributions of students who identified as being same/both-sex-attracted between 2001 and 2007.

Table 3. Sex and age distribution of same/both-sex-attracted students

	2001		2007	
	n	% (95% CI)	n	% (95% CI)
Total	346	100 (N/A)	343	100 (N/A)
Sex				
Male	169	49.7 (41.8 - 57.6)	165	48.3 (39.8 - 56.9)
Female	177	50.3 (42.4 - 58.2)	178	51.7 (43.1 - 60.2)
Age				
13 or less	71	21.0 (16.4 - 25.7)	39	11.2 (7.6 - 14.7)
14	73	20.6 (15.6 - 25.7)	71	21.1 (16.0 - 26.2)
15	76	21.8 (17.5 - 26.0)	95	27.6 (23.1 - 32.2)
16	69	20.5 (15.8 - 25.2)	64	18.9 (14.0 - 23.7)
17 or older	56	16.1 (10.8 - 21.4)	74	21.2 (16.7 - 25.8)





The Results



Results

Prevalence of same/both-sex-attraction by demographics

The prevalence of same/both-sex attractions among secondary school students remained unchanged between 2001 and 2007 with 4% (3.8% in 2001 and 4.2% in 2007) of students reporting being attracted to the same or both sexes. In 2007 as in 2001 most of those reporting same/both-sex attraction reported attraction to both sexes; only a minority reported attraction solely to the same sex.

In 2007 there was little difference in the prevalence of same/both-sex attractions between male (3.9%) and female students (4.7%), but a higher proportion of males than females reported opposite-sex-attraction, and a lower proportion of males than females reported not sure/neither. The proportion reporting same/both-sex attractions increased with age, from 2.5% of students aged 13 or less to 5.6% of those aged 17 years or older. There was a corresponding decrease in the

proportions of students who reported being 'not sure/neither', while the proportion reporting opposite-sex attraction remained remarkably constant from 13 and under to 17 and older. Taken together the pattern is consistent with students moving progressively with increasing age from the not sure/neither group to the same/both-sex-attracted group. Given that the survey results represent what students reported - or in other words were prepared to disclose, even in the privacy and anonymity of the survey - these results apparently reflect a process of gradual awareness and disclosure of same-sex and both-sex attraction during the adolescent years. Many same/both-sex-attracted young people reach these milestones by age 13, but more come to them later. Thus although at age 13 and under there were 2.5% of students who reported (disclosed) same/both-sex attraction, by 17 and over that proportion had more than doubled to 5.6%.

Table 4. Prevalence of different sexual attractions by age and sex (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Total	7370	92.2 (91.4 - 93.0)	343	4.2 (3.7 - 4.8)	289	3.6 (3.0 - 4.2)
Sex						
Male	3968	93.5 (92.7 - 94.4)	165	3.9 (3.2 - 4.5)	112	2.6 (2.0 - 3.2)
Female	3402	90.6 (89.6 - 91.6)	178	4.7 (4.0 - 5.3)	177	4.7 (3.9 - 5.5)
Age						
13 or less	1424	91.6 (90.1 - 93.0)	39	2.5 (1.7 - 3.2)	95	6.0 (4.7 - 7.2)
14	1703	91.9 (90.4 - 93.4)	71	3.9 (2.8 - 4.9)	79	4.2 (3.0 - 5.5)
15	1605	91.7 (90.5 - 92.9)	95	5.3 (4.2 - 6.5)	52	3.0 (2.0 - 4.0)
16	1467	94.0 (92.7 - 95.2)	64	4.1 (3.0 - 5.2)	30	1.9 (1.2 - 2.7)
17 or older	1171	91.8 (90.1 - 93.4)	74	5.6 (4.2 - 7.1)	33	2.6 (1.9 - 3.3)



Table 5 shows that the pattern of about 91% opposite-sex-attracted, 4% same/both-sex-attracted and 5% not sure/neither occurred in all ethnicities, with some variations (e.g. the proportions of not sure/neither students were higher among Pacific and Asian students). In general, however, the results confirm that same/both-sex-attracted students come from all ethnic backgrounds.

Table 5. Prevalence of different sexual attractions by ethnicity (2007)

Ethnicity	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
European	4997	93.0 (92.2 - 93.9)	251	4.6 (4.0 - 5.3)	129	2.3 (1.9 - 2.8)
Māori	719	93.3 (91.6 - 94.9)	27	3.4 (2.0 - 4.8)	25	3.3 (1.9 - 4.7)
Pacific	531	90.4 (87.9 - 92.9)	15	2.6 (1.6 - 3.5)	41	7.0 (4.6 - 9.4)
Asian	768	87.6 (85.5 - 89.8)	30	3.4 (2.4 - 4.5)	79	8.9 (7.0 - 10.9)
Other	346	91.2 (87.4 - 95.0)	20	5.1 (2.6 - 7.6)	14	3.7 (1.1 - 6.3)

No significant differences were observed in the prevalence of same/both-sex-attracted students between neighbourhoods of differing levels of deprivation, or between urban or rural areas, or between students born in New Zealand or born overseas (see Table 6 for details). There were, however, differences in both the other groups - opposite-sex-attracted and not sure/neither with lower proportions of opposite-sex-attracted and higher proportions of not sure/neither students in neighbourhoods of high deprivation, in urban areas, and among students born overseas.

Table 6. Prevalence of different sexual attractions by neighbourhood characteristics and birthplace (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
NZDep2006						
Low Deprivation	2764	92.9 (91.8 - 94.0)	130	4.3 (3.5 - 5.0)	85	2.8 (2.2 - 3.5)
Medium Deprivation	2839	92.9 (91.8 - 94.0)	128	4.1 (3.5 - 4.7)	91	2.9 (2.1 - 3.8)
High Deprivation	1710	89.8 (88.2 - 91.3)	84	4.5 (3.3 - 5.6)	110	5.8 (4.4 - 7.1)
Geography						
Urban	6096	91.7 (90.9 - 92.6)	295	4.4 (3.8 - 4.9)	260	3.9 (3.2 - 4.6)
Rural	1219	94.3 (92.8 - 95.9)	47	3.6 (2.4 - 4.8)	26	2.0 (1.3 - 2.8)
Country of Birth						
NZ born	5702	92.8 (92.0 - 93.6)	266	4.3 (3.7 - 4.9)	184	3.0 (2.4 - 3.5)
Born overseas	1656	90.3 (88.9 - 91.8)	75	4.0 (3.2 - 4.8)	104	5.7 (4.2 - 7.1)

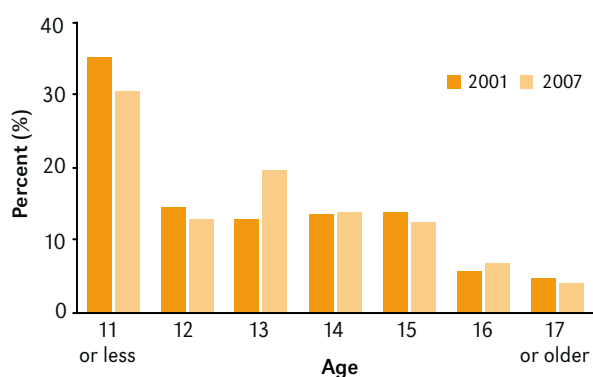
- The proportion of students who were same/both-sex-attracted did not change between 2001 and 2007.
- A minority of students (4%) are same/both-sex-attracted; they make a diverse group and are represented across all ages, sexes, ethnicities, degrees of deprivation, geographical locations and countries of birth.



Coming out: Results for 2001 and 2007

Of those students who reported being same/both-sex-attracted, many had been aware of their sexual attractions at a relatively young age: in both surveys (2001 and 2007) approximately a third were aware of their sexual attractions at age 11 or younger (see Figure 1). However, about half the same/both-sex-attracted students first became aware of their sexual attractions during the secondary school years, with some (5% in 2001, 4% in 2007) being probably in their last year of school at 17 or older when they were first aware of their sexual attractions.

Figure 1. Age when same/both-sex-attracted students were first aware of same-sex attraction



As adolescents grow into adulthood, their relationships with parents or guardians can be fraught. For most adolescents this transition occurs in a warm and loving environment, with continuing support from their parents or guardians. However, for those same/both-sex-attracted youth who decide to come out, there can be a reduction of support within their family and community ranging from the withdrawal of emotional support to the removal of fundamental living resources such as accommodation, food and money (D'Augelli & Patterson, 2001).

While reporting a same-sex sexual attraction in the anonymity of the Youth'07 survey amounts to a form of disclosure it was evidently not perceived as equivalent to coming out. Given the possible consequences of the latter, it is not surprising that of the students who did report same-sex or both-sex attraction, the majority

(69% in 2001 and 60% in 2007) indicated that they had not come out to others. And, as Table 7 highlights, even of those students who had come out, less than a quarter reported that they could easily talk to their family about their sexuality.

The proportion of same/both-sex-attracted students who had come out hardly rose at all from the youngest ages (13 or less) to the oldest ages (17 or over) surveyed. Nearly a third of the same/both-sex-attracted students had come out by the age of 13 but most of the rest had still not come out by the time they left school.

Table 7. Coming out by same/both-sex-attracted students (2001 and 2007)

	2001		2007	
	n	% (95% CI)	n	% (95% CI)
Have you come out? (told people close to you openly of your sexuality)				
Yes	109	31.3 (26.6 - 36.1)	136	40.0 (33.9 - 46.1)
No	236	68.7 (63.9 - 73.4)	200	60.0 (54.0 - 66.1)
Students who have come out (told people close to you openly of your sexuality) by sex				
Male	53	30.4 (23.9-36.9)	59	36.4 (29.9-42.9)
Female	56	32.2 (24.3-40.2)	77	43.3 (34.9-51.7)
Students who have come out (told people close to you openly of your sexuality) by age				
13 or less	20	28.2 (18.3-38.2)	12	30.6 (14.0-47.2)
14	24	33 (21.7-44.3)	20	28.3 (17.3-39.3)
15	23	30.5 (20.5-40.5)	50	53.4 (44.1-62.7)
16	23	32.4 (22.4-42.5)	19	31.5 (19.1-44.0)
17 or older	19	33.5 (19.2-47.9)	35	46.6 (35.1-58.0)
Were you able to talk to your family about this?				
Yes, I could easily talk with them	25	23.3 (15.6 - 31.1)	33	23.7 (16.4 - 31.0)
Yes, but it was difficult	13	12.1 (5.5 - 18.7)	18	12.9 (7.4 - 18.4)
No, I could not talk to my family	64	61.1 (51.5 - 70.7)	71	54.2 (44.4 - 64.0)
Doesn't apply to me	3	3.5 (0.0 - 7.8)	12	9.3 (3.3 - 15.3)



- In both surveys many same/both-sex-attracted students were aware of their same-sex attractions by the time they started secondary school.
- In 2001 and 2007 the majority of same/both-sex-attracted students had not come out.
- Across both surveys less than a quarter of same/both-sex-attracted students were able to easily talk to their family about their sexuality.

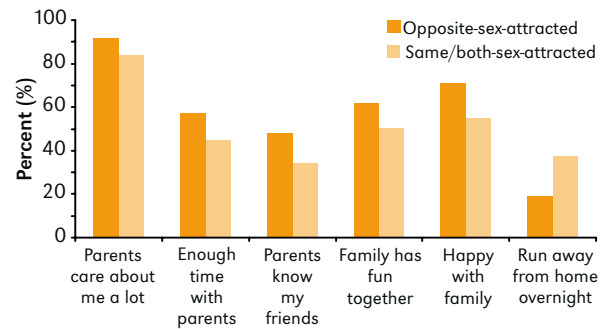
Family relationships

Supportive, safe and caring homes and families are essential to the health and wellbeing of same/both-sex-attracted young people. All young people need adults who care about them, support them, supervise and look out for them. They also need meaningful participation in family life, high expectations for their behaviour and safety from physical and emotional harm (Gray & Steinberg, 1999).

In both surveys, students were asked questions about their family and their perceptions of themselves within their family. The great majority (84%) of same/both-sex-attracted students felt that their parents cared about them a lot, and many reported that they got to spend enough time with their parents (45%), had fun together as a family (50%) and were happy with their family relationships (55%).

However, same/both-sex-attracted students' relationships with their families, though generally positive, were less so than the relationships enjoyed by opposite-sex-attracted students. On all the measures above, lower proportions of same/both-sex-attracted students reported positively (see Figure 2). Same/both-sex-attracted students were also less likely than their opposite-sex-attracted peers to report that their parents knew who their friends were and twice as likely to have run away from home overnight.

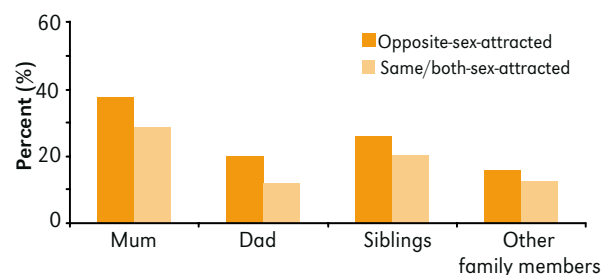
Figure 2. Parental and family relationships (2007)



This figure and all following figures exclude data on "not sure/neither" students.

Same/both-sex-attracted students were more likely to find it difficult to talk to their mothers, fathers and siblings about problems or worries when compared to their opposite-sex-attracted peers. For example, only 12% of same/both-sex-attracted students reported that they could talk to their dad a lot about problems or worries, compared to 20% of opposite-sex-attracted students. On a more positive note, same/both-sex-attracted students were almost as comfortable as their opposite-sex-attracted peers talking to family members other than parents and siblings (see Figure 3).

Figure 3. Ability to talk to family members about problems/worries (2007)



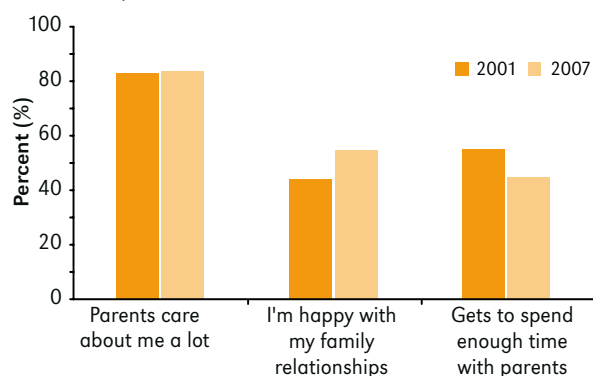
- The majority of same/both-sex-attracted students indicated that their parents cared about them a lot. This finding was consistent across surveys.
- Same/both-sex-attracted students reported less positive family relationships and functioning compared to their opposite-sex-attracted peers.



Comparisons: 2001 to 2007

There was no consistent pattern of change in family relationships of same/both-sex-attracted students between 2001 and 2007. No changes were observed in the proportions of same/both-sex-attracted students who reported that their parents cared about them a lot from 2001 (83%) to 2007 (84%). While the proportion of same/both-sex-attracted students who reported that they were happy with their family relationships increased from 44% in 2001 to 55% in 2007 the proportion who reported that they were able to spend enough time with their parents decreased between surveys.

Figure 4. Parental and family relationships for same/both-sex-attracted students

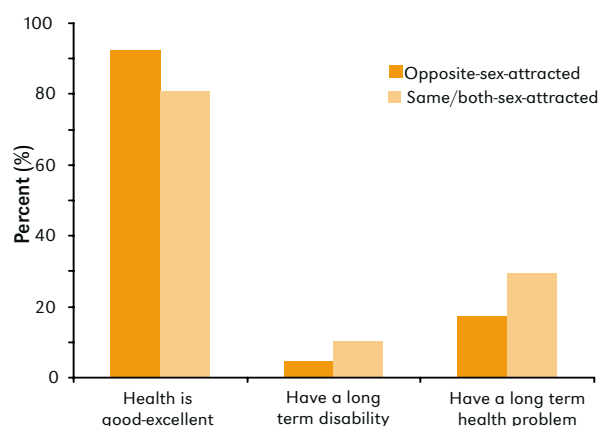


Most same/both-sex-attracted students in 2001 and 2007 experienced good to excellent health and were happy or satisfied with life.

General wellbeing

The majority (81%) of same/both-sex-attracted students reported that their general health was 'good to excellent'. However, this was not as high as the proportion among opposite-sex-attracted students (93%). Furthermore, greater proportions of same/both-sex-attracted students said they had a disability (10%) or other long term health problem (29%) compared to their opposite-sex-attracted peers (5%, 18% respectively; see Figure 5).

Figure 5. Health, long-term disabilities and health problems (2007)

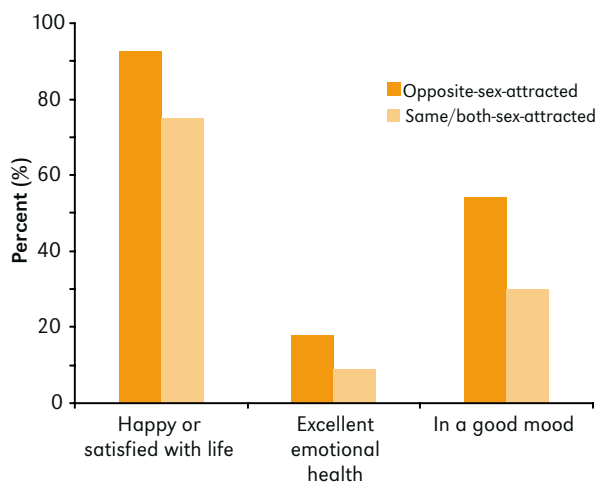


As Figure 6 indicates, on all measures the emotional wellbeing of same/both-sex-attracted students was not as good as that of their opposite-sex-attracted peers. Although most (75%) same/both-sex-attracted students were happy/satisfied or okay with life this was substantially lower than among their opposite-sex-attracted peers (93%). Only half as many same/both-sex-attracted students (9%) had excellent emotional health⁸ compared to opposite-sex-attracted students (18%). About a third (30%) of same/both-sex-attracted students described themselves as generally being in a good mood, compared to just over half of opposite-sex-attracted students (54%).

⁸ As assessed by the WHO-5 Well-Being Index.



Figure 6. Satisfaction with life and emotional well-being (2007)

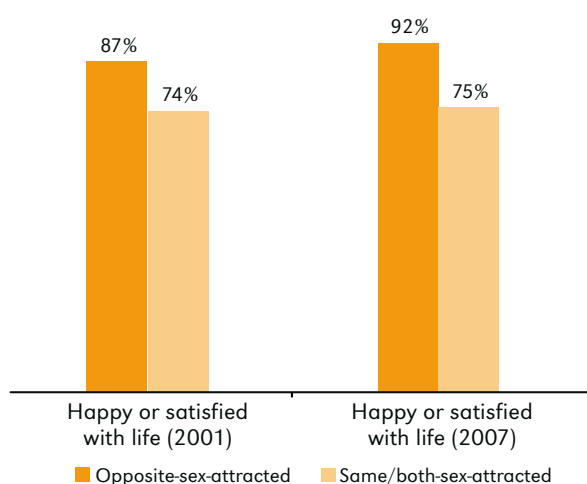


Comparisons: 2001 to 2007

No changes were observed between 2001 and 2007 with regard to the proportions of same/both-sex-attracted students who reported their health being good to excellent.

Ratings of life satisfaction and happiness among same/both-sex-attracted students did not change between 2001 and 2007 despite opposite-sex-attracted students experiencing improvements (see Figure 7).

Figure 7. Life satisfaction rates

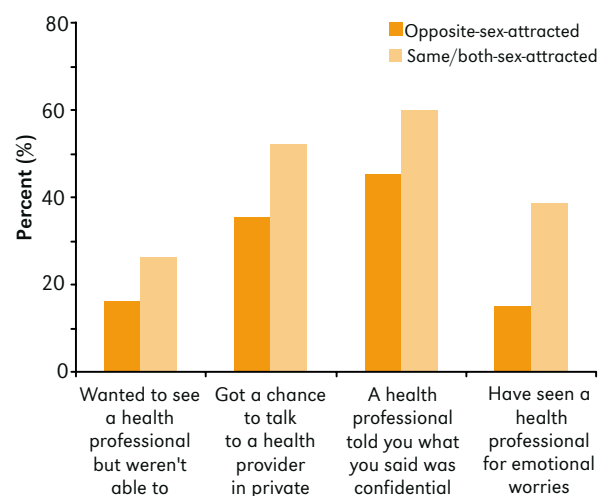


While opposite-sex-attracted students reported increasing rates of feeling happy or satisfied with life between 2001 and 2007, same/both-sex-attracted students reported no improvements in this area.

Accessing healthcare

Same/both-sex-attracted students experienced more difficulties accessing health services than their opposite-sex-attracted peers did: 26% of same/both-sex-attracted students reported that in the previous 12 months they had wanted to see a health professional but were unable to, compared to 16% of opposite-sex-attracted students. However, same/both-sex-attracted students were more likely than their opposite-sex-attracted peers to have spoken to a health provider in private and to have been told by a health professional that their health care would be confidential. Thirty-nine percent of same/both-sex-attracted students had seen a health professional for an emotional problem in the previous 12 months, compared to 15% of opposite-sex-attracted students (Figure 8).

Figure 8. Access to private and confidential health services and help for emotional worries (2007)

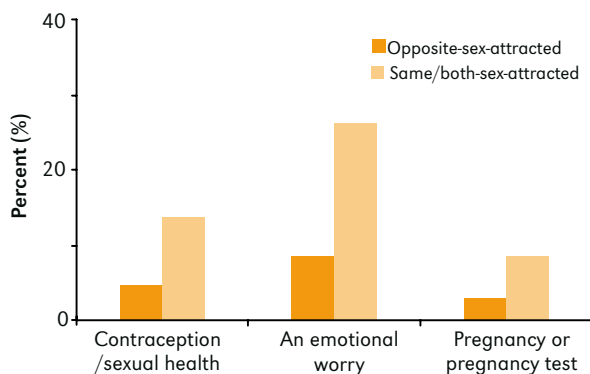


More same/both-sex-attracted students reported a long term health problem or disability than their opposite-sex-attracted peers.



Figure 9 highlights the fact that same/both-sex-attracted students were more likely to experience difficulties accessing help for contraception/sexual health, an emotional worry or pregnancy/pregnancy test compared to their opposite-sex-attracted peers.

Figure 9. Difficulty accessing health services for emotional, sexual or reproductive health concerns (2007)



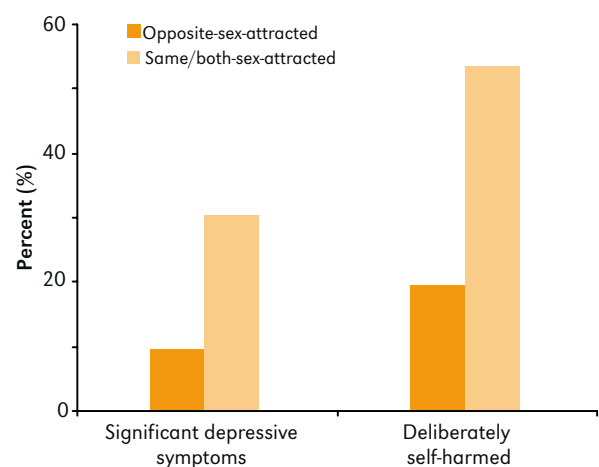
A small proportion of same/both-sex-attracted students refrained from going to see their doctor either because they were worried that their doctor would disclose their sexuality to other people (8%) or because of concerns about the doctor's views on gay people (6%). Different questions about healthcare access were asked in the 2001 survey; hence a comparison between the two surveys (i.e. 2001 and 2007) was not possible.

- Same/both-sex-attracted students reported greater difficulties than opposite-sex-attracted students in accessing healthcare, especially for sexual, reproductive and emotional health.
- Same/both-sex-attracted students were more likely than their opposite-sex-attracted peers to seek help for an emotional worry. However, they experienced greater difficulties accessing this help.

Depression and self-harm

While many same/both-sex-attracted students are doing well with regard to their mental health, Figure 10 illustrates some concerning disparities between them and opposite-sex-attracted students. In particular, same/both-sex-attracted students were three times more likely to exhibit significant depressive symptoms⁹ when compared to their opposite-sex-attracted peers and were also more than twice as likely to have deliberately self-harmed in the previous 12 months (53% of same/both-sex-attracted compared to 19% of opposite-sex-attracted students). Of the same/both-sex-attracted students who had harmed themselves in the previous 12 months, 18% could be considered severe incidents (i.e. requiring medical treatment).

Figure 10. Depressive symptoms and deliberate self-harming (2007)



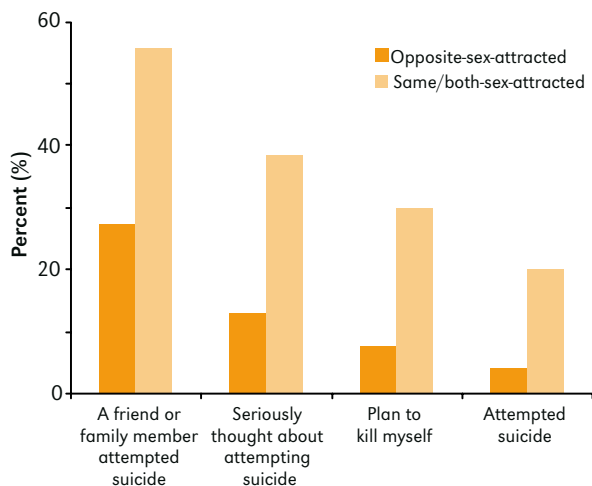
⁹ As assessed by the Reynolds Adolescent Depression Scale – Short Version.



Suicidality

Same/both-sex-attracted students were much more likely to report serious thoughts about attempting suicide (39%) or an actual suicide attempt in the past year (20%) compared to opposite-sex-attracted students, of whom 13% reported suicidal thoughts and 4% suicide attempts.

Figure 11. Suicidality (2007)

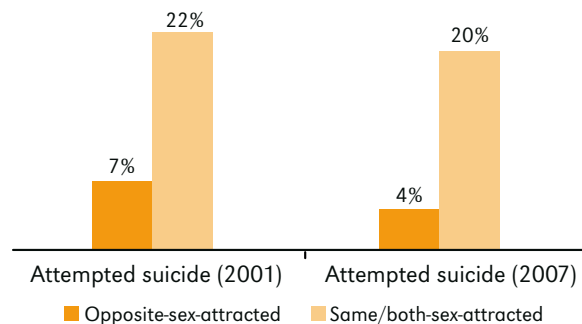


- Same/both-sex-attracted students reported higher rates of depression, suicide and self-harm compared to their opposite-sex-attracted peers.
- The high rates of suicide attempts among same/both-sex-attracted students did not change between 2001 and 2007, although rates among opposite-sex-attracted students fell over this time.

Comparisons: 2001 to 2007

There were no major changes observed between the two surveys (2001 and 2007) in the proportions of same/both-sex-attracted students reporting depressive symptoms or suicide attempts, even though there were substantial reductions in suicide attempts among opposite-sex-attracted students over that time.

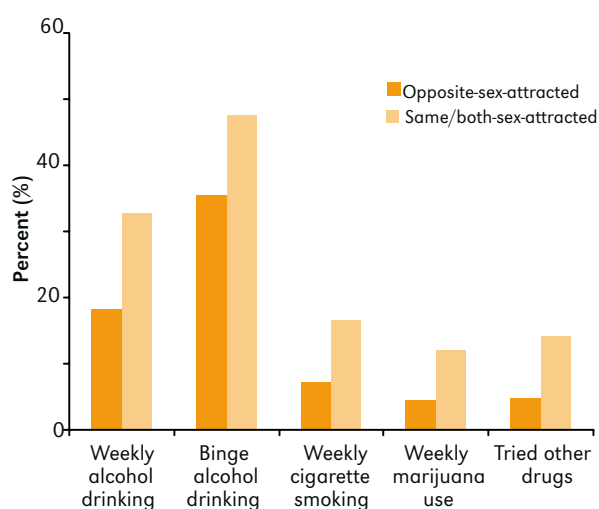
Figure 12. Attempted suicide (in the past 12 months)



Alcohol, cigarette, marijuana and other drug use

Most same/both-sex-attracted students do not use alcohol or other drugs regularly. However, sizeable proportions do, and, as highlighted in Figure 14, they were more likely than their opposite-sex-attracted peers to drink alcohol weekly, binge drink alcohol¹⁰, smoke cigarettes weekly, use marijuana on a weekly basis or have tried other drugs.

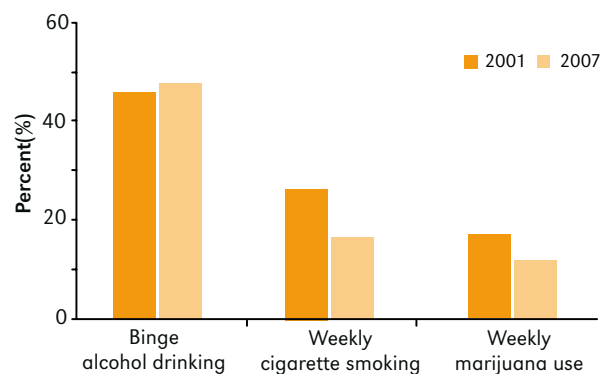
Figure 13. Alcohol, cigarette, marijuana and other drug use (2007)



Comparisons: 2001 to 2007

Between 2001 and 2007 rates of binge drinking and marijuana use did not change among same/both-sex-attracted students but weekly cigarette smoking decreased substantially (from 27% to 17% - see Figure 14).

Figure 14. Alcohol, cigarette and marijuana use among same/both-sex-attracted students



- Same/both-sex-attracted students are at increased risk of alcohol and drug misuse in comparison to opposite-sex-attracted students.
- Weekly cigarette smoking among same/both-sex-attracted students decreased between 2001 and 2007.

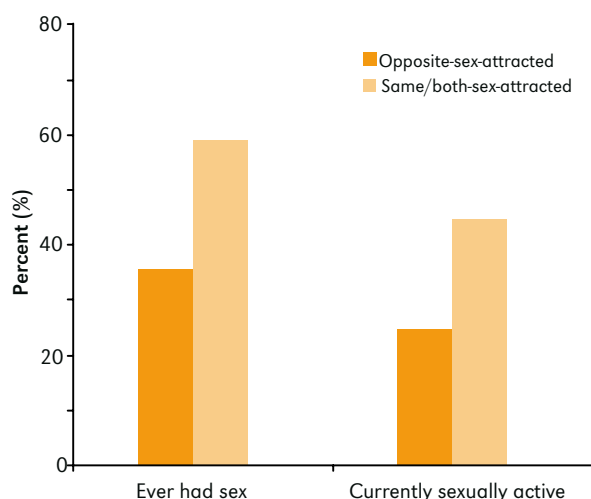
¹⁰ Five or more drinks within four hours at least once in the last four weeks.



Sexual health

The proportions of same/both-sex-attracted students who reported that they have had sex (59%) and are currently sexually active (45%) are higher than among opposite-sex-attracted students (36% and 25% respectively – see Figure 15). It is important to note that the ‘ever had sex’ question used in both the 2001 and 2007 surveys asked about “first experience of sex (sexual intercourse or going all the way)” – suggesting that ‘sex’ is all about sexual intercourse, which for some young people, especially same/both-sex-attracted young people, may not be the case.

Figure 15. Students who are sexually active (2007)



While many sexually active same/both-sex-attracted students indicated regular condom and contraceptive use, same/both-sex-attracted males in particular were more likely to report inconsistent condom (46%) and contraceptive use¹¹ (38%) compared to opposite-sex-attracted males (25% and 21% respectively). Less than half (48%) of same/both-sex-attracted males used a condom during the last time they had sex compared to 70% of opposite-sex-attracted males (see Figure 16), whilst among females,

same/both-sex-attracted and opposite-sex-attracted students indicated similar rates of condom and contraceptive use (see Figure 17). However, this statistic needs to be interpreted with caution as the question may not adequately account for same-sex attracted females who are sexually active. The proportion of same/both-sex-attracted students who reported having had a sexually transmitted infection was over three times higher than among their opposite-sex-attracted peers.

Figure 16. Condom/contraceptive use and sexually transmitted infections among males (2007)

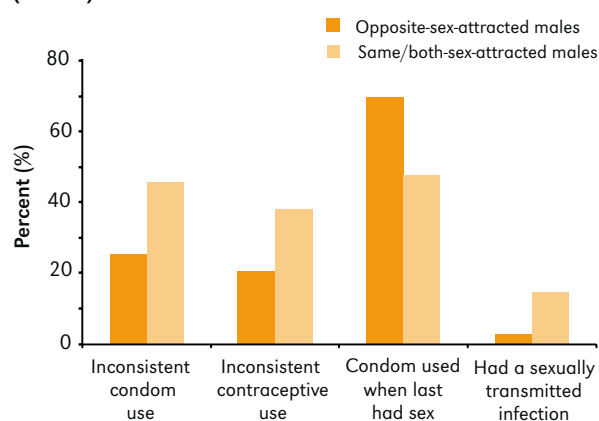
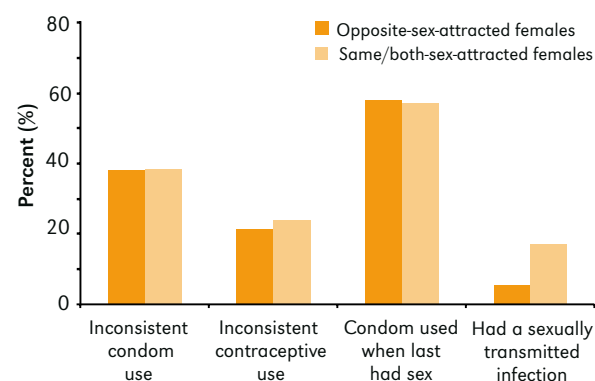


Figure 17. Condom/contraceptive use and sexually transmitted infections among females (2007)



¹¹ These items relate to inconsistent (sometimes or never) use of condoms as protection against sexually transmitted disease/infection and inconsistent (sometimes or never) use of contraception as protection against pregnancy. They apply to those students who had had sex with one or more sexual partners in the last 3 months.

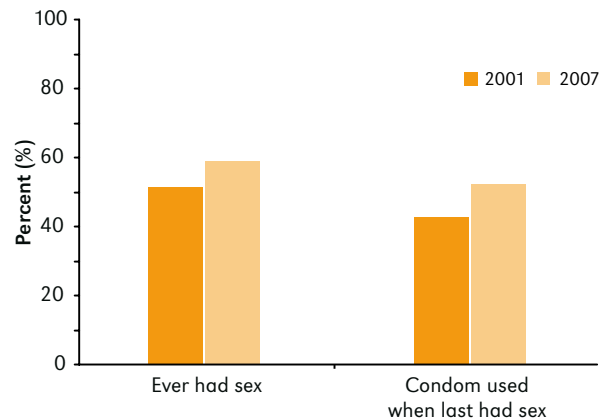
It is notable that 22% of sexually active same/both-sex-attracted students, compared to 9% of their opposite-sex-attracted peers had been pregnant or got someone pregnant. Taking together all these results for rates of condom use, sexually transmitted infections and pregnancies, same/both-sex-attracted students were more likely than their opposite-sex-attracted peers to engage in risky sexual activity.

- Same/both-sex-attracted students were more likely than opposite-sex-attracted students to have had sex or to be currently sexually active.
- Less than half of the sexually active same/both-sex-attracted males used a condom the last time they had sex.
- Same/both-sex-attracted students were three times as likely as opposite-sex-attracted students to have had a sexually transmitted infection.

Comparisons: 2001 to 2007

When comparing 2001 to 2007, there were no significant changes in the proportions of same/both-sex-attracted students who had ever had sex or used a condom the last time they had sex.

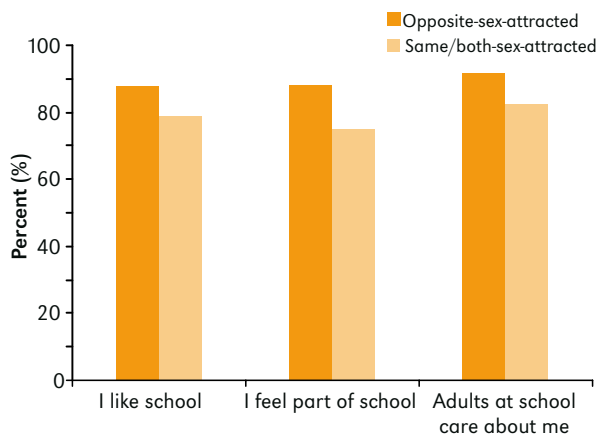
Figure 18. Sexual activity and condom use among same/both-sex-attracted students



School

As school plays a significant role in students' lives, it is important for their wellbeing that they feel connected with their school, teachers and other students. Most same/both-sex-attracted students indicated that they liked school (i.e. they liked it 'a lot', 'a bit' or thought that 'it's okay'). However, they were less likely than their opposite-sex-attracted peers to report liking school, feeling part of their school and feeling that adults at their school cared about them.

Figure 19. Feelings of connection with school (2007)

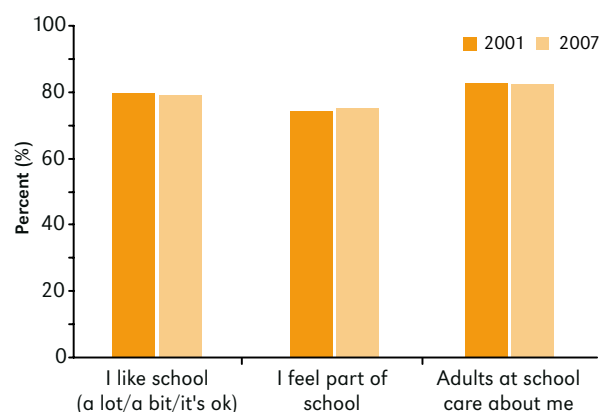


A higher proportion of same/both-sex-attracted (38%) than opposite-sex-attracted students (25%) had truanted (wagged or skipped school for a full day or more without an excuse) in the survey year. Of the same/both-sex-attracted students who had truanted, most had missed just a few days of school, with only a minority (17%) having missed more than 20 days.

Comparisons: 2001 to 2007

In both surveys the same/both-sex-attracted students were mostly positive about school. Between 2001 and 2007 there were no changes among same/both-sex-attracted students in whether they liked school, felt part of school or felt that adults at school cared about them (see Figure 20), although these indications of connectedness all increased among opposite-sex-attracted students.

Figure 20. Feelings of connection with school among same/both-sex-attracted students (2001 compared to 2007)

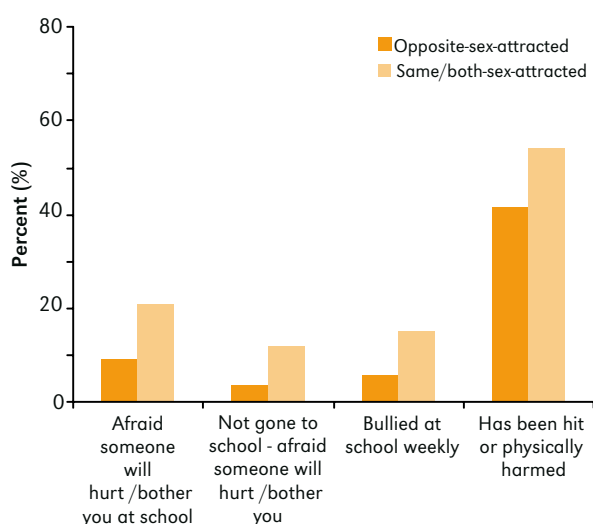


Same/both-sex-attracted students felt positive about school, but less so than opposite-sex-attracted students, and this did not change between 2001 and 2007.

Safety, bullying and discrimination

The majority (74%) of same/both-sex-attracted students felt safe at school all or most of the time, however this proportion was lower than among their opposite-sex-attracted peers (85%). Similarly, same/both-sex-attracted students were more concerned than opposite-sex-attracted students about their safety and about being bullied at school. But although the general feelings of safety among same/both-sex-attracted students were only slightly lower than among their opposite-sex-attracted peers, when asked more specific questions they were much more likely to have suffered from bullying. For example, twice as many same/both-sex-attracted as opposite-sex-attracted students had been afraid that someone would hurt or bother them at school; nearly three times as many had stayed away from school within the previous month because they were afraid that someone would hurt or bother them; and about three times as many were bullied weekly at school. More than half (54%) of same/both-sex-attracted students had been hit or physically harmed in the previous 12 months, compared with 42% of opposite-sex-attracted students (see Figure 21).

Figure 21. Rates of bullying (2007)



In their neighbourhoods too, fewer same/both-sex-attracted students (75%) than opposite-sex-attracted students reported feeling safe (82%).

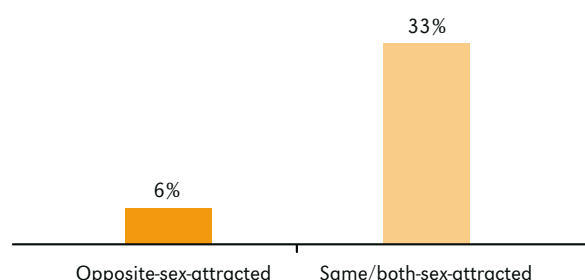
The majority of same/both-sex-attracted students did not report being bullied at school.



Of those students who had been bullied five times as many (33%) had been bullied because they were gay or because people thought that they were gay compared to their opposite-sex-attracted peers (6%) (see Figure 22).

Seven percent of same/both-sex-attracted students had not participated in sports because they were concerned about what others thought of gay people.

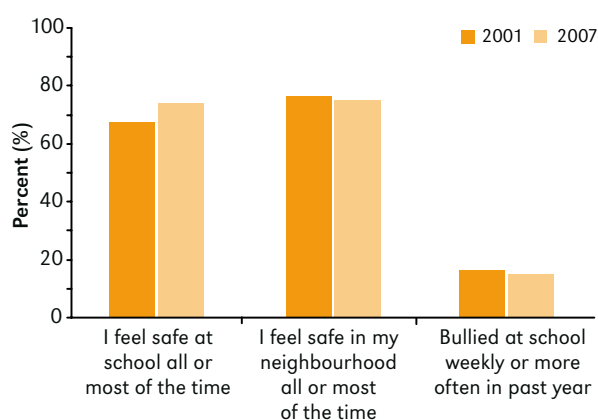
Figure 22. Proportions of students bullied because they were thought to be gay (2007)



Comparisons: 2001 to 2007

No meaningful changes were noted between the 2001 and 2007 surveys in relation to how safe same/both-sex-attracted students felt, in their neighbourhood, at school, or in the rates of bullying that they experienced at school.

Figure 23. Safety of same/both-sex-attracted students in their school and neighbourhood

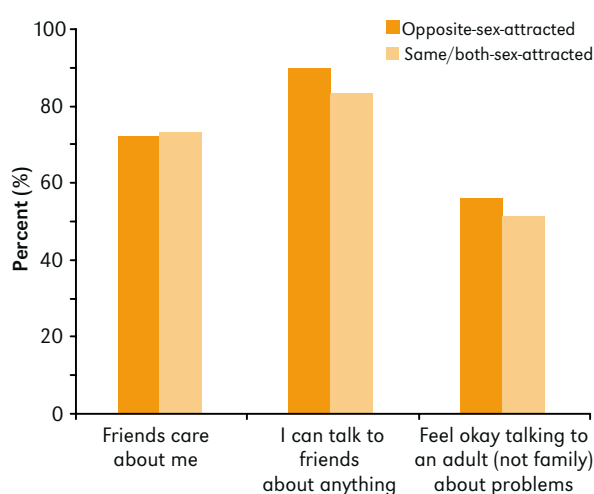


Three times as many same/both-sex-attracted students were bullied weekly at school compared to opposite-sex-attracted students.

Community

Figure 24 shows that overall, same/both-sex-attracted students have similar levels of connectedness with friends and non-family support networks as do their opposite-sex-attracted peers. The only difference is that although the great majority (84%) of same/both-sex-attracted students reported having friends that they could talk to about anything, this is lower than among opposite-sex-attracted students (90%).

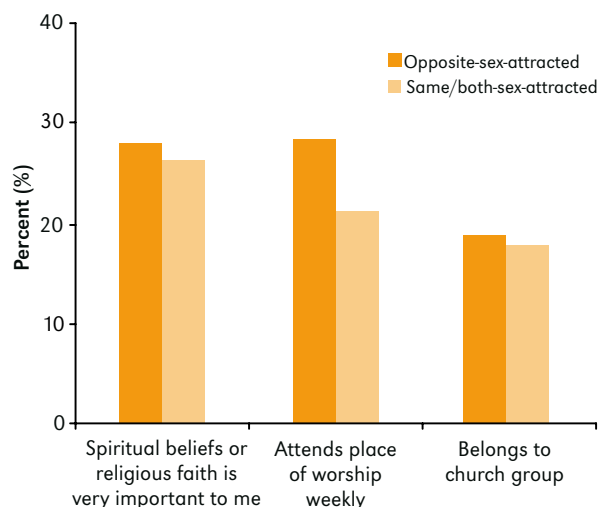
Figure 24. Connectedness of students with friends and adults outside the family (2007)



Same/both-sex-attracted students were no different to opposite-sex-attracted students in the proportions reporting spiritual/religious beliefs, attendance at a place of worship, or involvement with a church group (see Figure 25 for details).

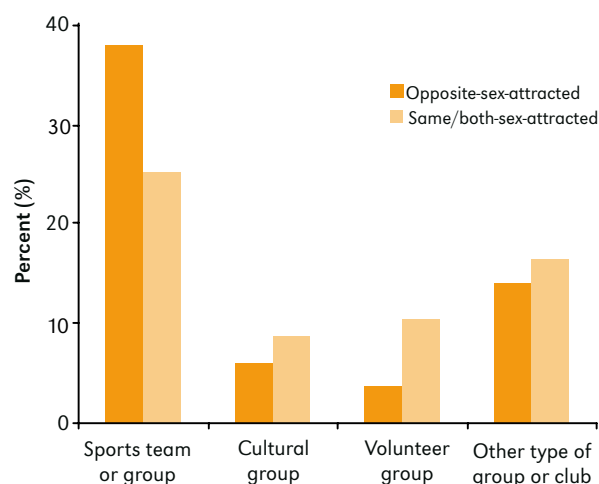
- **Most same/both-sex-attracted students have friends who care about them** - more so in 2007 compared to 2001.
- **Nearly three times more same/both-sex-attracted students than opposite-sex-attracted students work as volunteers in their community.**

Figure 25. Importance of spiritual/religious beliefs, weekly worship and involvement in church groups (2007)



Same/both-sex-attracted students were less likely than opposite-sex-attracted students to belong to a sports team or group, but were three times more likely to be involved in voluntary community work (Figure 26).

Figure 26. Involvement in sports, cultural, volunteer and other teams/groups (2007)



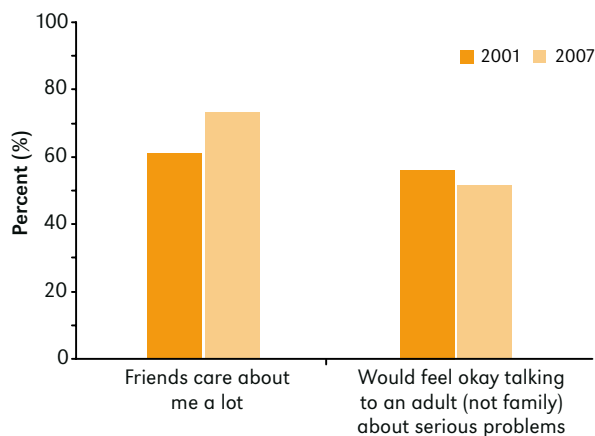
The majority of same/both-sex-attracted students felt safe in their neighbourhoods and schools most of the time, but they were much more likely than opposite-sex-attracted students to suffer from bullying.



Comparisons: 2001 to 2007

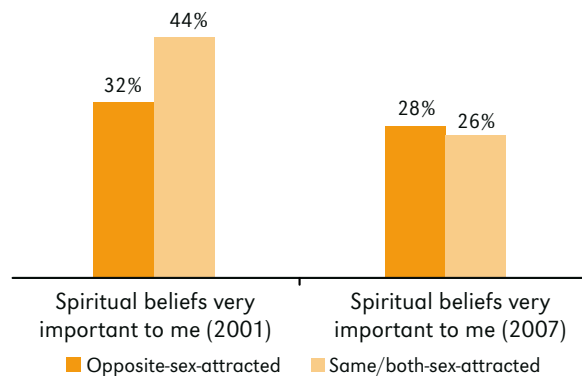
The proportion of same/both-sex-attracted students who reported having a friend who cared about them a lot increased from 2001 to 2007 (see Figure 27).

Figure 27. Connectedness of same/both-sex-attracted students with friends and adults outside the family



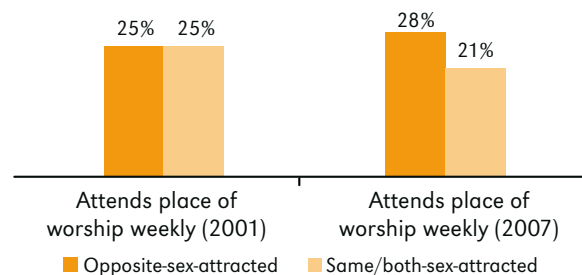
Comparing the results for 2001 and 2007, the importance of spiritual beliefs or religious faith decreased more among same/both-sex-attracted students than it did among their opposite-sex-attracted peers (see Figure 28).

Figure 28. Spiritual beliefs or religious faith



Weekly attendance at a place of worship among same/both-sex-attracted students decreased between 2001 and 2007, while at the same time it increased among opposite-sex-attracted students (see Figure 29).

Figure 29. Students who attend a place of worship weekly (or more often)



Useful Links

General Health and Wellbeing

Health Information for Young People	www.youthline.co.nz/
Youth2000 – Youth Health Information and Statistics	www.youth2000.ac.nz

Gay, Lesbian, Bisexual, Transgender (GLBT) and Questioning Youth

Advocacy and Support for GLBT Youth (Auckland)	www.rainbowyouth.org.nz/
GLBT Telephone Counselling, Advice and Referral (Nationwide)	www.gayline.org.nz/
Advocacy and Support for GLBT Youth (Nationwide)	www.outthere.org.nz/
Making Schools Safe for People of Every Sexuality – PPTA Guidelines	www.outthere.org.nz/documents/OUT05_Resource_Kit_e.pdf

Sexual Health

ERO Review of Sexuality Education	www.ero.govt.nz/ero/publishing.nsf/Content/sex-ed-jun07
Sexual and Reproductive Health	www.moh.govt.nz/sexualhealth www.thenationalcampaign.org/resources/pdf/pubs/WhatHelps_FINAL.pdf
Sexuality Education Family Planning	www.familyplanning.org.nz/?TabId=201

Emotional Wellbeing and Mental Health

Mental Health Foundation Education Packages for Schools Coping with Depression	www.mentalhealth.org.nz/page/5-Home
The Lowdown – For Young People with Depression	www.thelowdown.co.nz/
Suicide Prevention	www.spinz.org.nz/page/5-Home
Coping with Grief	www.skylight.org.nz/young-people.aspx

Parent Support

Help for Families with GLBT Children (Dunedin-based)	www.au.geocities.com/pflagsouth/
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Appendices



Table 8. Family relationships and functioning (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Parents care about me a lot (N=7966)*	6728	91.7 (91.0 - 92.4)	285	83.7 (79.6 - 87.8)	233	82.0 (76.2 - 87.7)
I'm happy with my family relationships (N=7984)*	5231	71.2 (70.0 - 72.5)	187	54.8 (49.6 - 60.1)	196	68.6 (63.0 - 74.2)
Family has fun together a lot or often (N=7995)*	4527	61.5 (60.1 - 62.9)	172	50.3 (45.0 - 55.6)	186	64.2 (58.5 - 69.9)
Gets to spend enough time with parents (N=7932)*	4190	57.3 (55.8 - 58.9)	152	44.9 (38.9 - 51.0)	152	54.1 (47.9 - 60.3)
Parents know about who my friends are (N=7996)*	3537	48.1 (46.5 - 49.6)	118	34.5 (29.5 - 39.4)	129	44.7 (39.7 - 49.7)
Can talk a lot about problems or worries with my Mum (N=7995)*	2769	37.7 (36.1 - 39.2)	98	28.8 (24.0 - 33.5)	117	40.3 (34.0 - 46.5)
Can talk a lot about problems or worries with my Dad (N=7989)*	1462	19.9 (18.6 - 21.2)	41	12.0 (8.7 - 15.2)	89	31.2 (25.4 - 37.0)
Can talk a lot about problems or worries with my siblings (N=7986)*	1933	26.3 (25.0 - 27.6)	70	20.3 (16.1 - 24.4)	89	31.0 (24.7 - 37.3)
Can talk a lot about problems or worries with other family members (N=7965)*	1180	16.1 (14.9 - 17.2)	43	12.4 (8.6 - 16.3)	64	22.4 (16.6 - 28.2)
Run away from home overnight (N=7991)*	1393	18.9 (17.6 - 20.1)	129	37.5 (32.3 - 42.7)	51	17.6 (12.6 - 22.6)

* Corresponds to the total number of students who responded to this question

Table 9. General health and wellbeing (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
In general, health is 'good-excellent' (N=7996)*	6820	92.6 (91.8 - 93.4)	275	80.7 (76.3 - 85.1)	261	90.1 (87.2 - 93.1)
Have a long-term disability (≥ 6 months) (N=7625)*	342	4.8 (4.3 - 5.4)	33	10.3 (6.5 - 14.2)	21	8.3 (5.3 - 11.3)
Have a long-term health problem(s) or condition(s) (≥ 6 months) (N=7315)*	1184	17.5 (16.4 - 18.6)	87	29.4 (23.1 - 35.7)	46	17.9 (13.7 - 22.2)
Happy or satisfied with life (N=7985)*	6800	92.5 (91.8 - 93.1)	254	74.8 (69.6 - 79.9)	261	90.6 (87.2 - 94.0)
Excellent emotional health (WHO-5 Well-Being Index) (N=7889)*	1296	17.9 (16.5 - 19.3)	31	8.9 (6.1 - 11.8)	69	24.5 (19.1 - 29.9)
In general, how have you been feeling? (N=7987)*						
In a good mood	3979	54.2 (52.3 - 56.2)	102	29.9 (24.4 - 35.5)	152	53.4 (47.4 - 59.4)
My moods go up and down	3166	42.9 (41.0 - 44.7)	200	58.9 (53.9 - 63.8)	120	40.9 (35.2 - 46.7)
In a bad mood	213	2.9 (2.5 - 3.3)	39	11.2 (8.0 - 14.5)	16	5.7 (2.7 - 8.6)

* Corresponds to the total number of students who responded to this question



Table 10. Accessing healthcare (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
In the last 12 months, wanted to see health professional but weren't able to (N=7977)*	1190	16.2 (15.0 - 17.4)	90	26.1 (22.1 - 30.1)	45	15.8 (11.9 - 19.8)
In the last 12 months, got a chance to talk to a health provider in private (N=6661)*	2169	35.3 (33.3 - 37.3)	150	52.1 (45.8 - 58.4)	55	24.8 (19.5 - 30.1)
In the last 12 months, a health professional told you that talk was confidential (N=6608)*	2764	45.3 (43.2 - 47.4)	170	60.0 (54.0 - 66.1)	77	35.9 (30.1 - 41.7)
In the last 12 months, have seen a health professional for emotional worries (N=7972)*	1102	15.0 (13.8 - 16.3)	134	38.7 (33.4 - 44.0)	56	19.8 (15.9 - 23.7)
In the last 12 months, had difficulty getting help for contraception/sexual health (N=7609)*	332	4.7 (4.0 - 5.4)	45	13.6 (9.7 - 17.6)	9	3.2 (1.3 - 5.0)
In the last 12 months, had difficulty getting help for an emotional worry (N=7609)*	580	8.3 (7.5 - 9.1)	89	26.3 (20.6 - 31.9)	23	8.4 (4.8 - 11.9)
In the last 12 months, had difficulty getting help for pregnancy or pregnancy test (N=7609)*	196	2.8 (2.2 - 3.3)	28	8.3 (5.5 - 11.0)	8	2.9 (1.0 - 4.8)
Haven't had difficulty getting help in the last 12 months (N=7609)*	5048	72.2 (70.6 - 73.8)	181	54.7 (49.7 - 59.7)	174	61.8 (55.0 - 68.6)
Didn't go to the doctor because worried that they might tell others that you were gay (N=327)*	-	-	26	7.9 (4.8 - 11.1)	-	-
Didn't go to the doctor or other healthcare provider because worried about what they might think of gay people (N=321)*	-	-	20	5.9 (3.1 - 8.8)	-	-

* Corresponds to the total number of students who responded to this question

Table 11. Depression, self-harm and suicidality (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Significant depressive symptoms (RADS - short version) (N=7818)*	687	9.5 (8.6 - 10.4)	102	30.4 (25.5 - 35.3)	44	15.7 (11.4 - 19.9)
Deliberately self-harmed in last 12 months (N=7958)*	1426	19.4 (18.0 - 20.9)	183	53.4 (47.1 - 59.7)	64	21.8 (16.5 - 27.0)
Self-harm attempt required treatment (N=1669)*	184	12.9 (11.0 - 14.8)	33	18.1 (13.1 - 23.0)	14	22.8 (11.0 - 34.6)
A friend or someone in my family attempted suicide (N=7952)*	2018	27.5 (25.2 - 29.8)	190	55.6 (50.4 - 60.7)	59	20.1 (14.8 - 25.4)
Seriously thought about attempting suicide (in the past 12 months) (N=7942)*	965	13.1 (12.1 - 14.1)	132	38.6 (33.0 - 44.2)	43	14.6 (9.9 - 19.4)
Made a plan about how I would kill myself (in the past 12 months) (N=7941)*	559	7.6 (6.8 - 8.4)	103	30.0 (24.8 - 35.2)	32	10.8 (7.1 - 14.5)
Attempted suicide (in the past 12 months) (N=7938)*	291	4.0 (3.4 - 4.5)	69	20.0 (15.8 - 24.3)	22	7.5 (4.4 - 10.6)
Attempted suicide required treatment from a doctor or nurse (N=378)*	73	25.3 (20.4 - 30.3)	24	33.7 (22.0 - 45.4)	8	37.4 (15.7 - 59.2)

* Corresponds to the total number of students who responded to this question



Table 12. Drug and alcohol use (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Weekly alcohol drinking (N=7820) *	1308	18.2 (16.6 - 19.7)	105	32.6 (26.9 - 38.2)	20	7.0 (3.9 - 10.2)
Binge alcohol drinking (N=7795)*	2560	35.6 (32.9 - 38.3)	152	47.7 (41.5 - 54.0)	35	12.7 (8.0 - 17.5)
Weekly cigarette smoking (N=7804)*	538	7.4 (6.6 - 8.3)	56	16.5 (12.1 - 21.0)	20	7.2 (4.1 - 10.4)
Weekly marijuana use (N=7510)*	317	4.6 (3.9 - 5.3)	37	11.9 (7.9 - 15.9)	7	2.7 (0.5 - 4.9)
Tried other drugs (N=7419)*	344	5.0 (4.4 - 5.7)	43	14.0 (9.6 - 18.3)	5	1.9 (0.0 - 3.9)

* Corresponds to the total number of students who responded to this question

Table 13. Sexual and reproductive health (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Ever had sexual intercourse (N=7958)*	2622	35.8 (32.8 - 38.8)	202	59.1 (53.6 - 64.6)	59	20.6 (15.1 - 26.0)
Currently sexually active (N=7918)*	1809	24.8 (22.7 - 26.9)	153	44.7 (39.5 - 49.9)	32	11.1 (7.0 - 15.2)
Inconsistent condom use (for those currently sexually active) (N=1978)**						
Male	241	25.4 (22.3 - 28.5)	31	45.6 (34.9 - 56.4)	2	15.2 (0.0 - 33.8)
Female	319	37.9 (34.3 - 41.4)	33	38.2 (27.2 - 49.20)	6	32.8 (12.1 - 53.4)
Inconsistent use of contraception (for those currently sexually active) (N=1858)**						
Male	180	20.5 (17.6 - 23.3)	23	38.1 (27.1 - 49.0)	4	36.3 (13.1 - 59.4)
Female	176	21.5 (17.8 - 25.2)	19	24.3 (12.8 - 35.9)	7	41.4 (15.8 - 66.9)
Condom used during last sexual intercourse (N=2781)**						
Male	976	70.0 (67.3 - 72.7)	46	47.7 (38.7 - 56.8)	15	53.6 (32.3 - 74.8)
Female	658	58.1 (54.9 - 61.3)	59	57.2 (46.0 - 68.5)	17	62.0 (41.8 - 82.2)
Has had a sexually transmitted disease or infection (N=2827)*						
Male	39	2.7 (1.9 - 3.6)	14	14.7 (5.5 - 23.8)	0	0
Female	62	5.4 (4.1 - 6.6)	17	17.2 (9.7 - 24.6)	3	10.6 (0.0 - 22.0)
Ever been pregnant or got someone pregnant (N=2816)*	226	8.8 (7.6 - 10.0)	44	21.8 (14.9 - 28.7)	6	9.7 (1.6 - 17.7)

* Corresponds to the total number of students who responded to this question

This statistic needs to be interpreted with caution as the question may not adequately account for same/both-sex-attracted females who are sexually active.



Table 14. School (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
I like school (a lot/a bit/it's ok) (N=7998)*	6467	87.8 (86.6 - 89.1)	270	79.1 (75.4 - 82.8)	266	91.9 (88.3 - 95.5)
Feel part of school (N=7980)*	6483	88.2 (87.2 - 89.3)	257	75.2 (69.5 - 81.0)	258	89.1 (85.6 - 92.6)
Adults at school care about me (N=7989)*	6743	91.6 (90.8 - 92.5)	283	82.4 (77.8 - 87.0)	268	92.6 (89.2 - 96.0)
After school plans to: (N=7989)*						
Get more training or education	5049	68.8 (66.2 - 71.3)	237	69.0 (64.3 - 73.8)	166	58.0 (51.8 - 64.1)
Start work or look for a job	1603	21.7 (19.3 - 24.1)	58	16.9 (12.9 - 20.9)	94	32.6 (26.5 - 38.7)
I don't know/other	706	9.5 (8.8 - 10.3)	48	14.0 (10.7 - 17.4)	28	9.4 (5.5 - 13.2)
Have been truant from school this year (N=2033)*	1845	25.1 (22.8 - 27.4)	130	37.9 (33.4 - 42.4)	58	20.2 (16.4 - 23.9)
Of those truant, missed: (N=1833)*						
20 or less days of school	1485	89.1 (87.4 - 90.7)	98	83.0 (76.0 - 90.0)	41	85.2 (75.9 - 94.4)
20 or more days of school	182	10.9 (9.3 - 12.6)	20	17.0 (10.0 - 24.0)	7	14.9 (5.6 - 24.1)

* Corresponds to the total number of students who responded to this question

Table 15. Safety, discrimination and bullying (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Feels safe at school (all or most of the time) (N=7986)*	6236	84.8 (83.0 - 86.6)	254	74.0 (68.8 - 79.2)	222	77.1 (71.8 - 82.5)
Feels safe in neighbourhood (all or most of the time) (N=7763)*	5857	81.7 (80.1 - 83.4)	243	75.0 (70.9 - 79.0)	208	75.4 (69.8 - 81.0)
In the past 12 months, has been hit or physically harmed on purpose by another person (N=7957)*	3046	41.5 (39.2 - 43.8)	185	54.2 (47.8 - 60.6)	79	27.5 (22.6 - 32.3)
Been afraid that someone will hurt or bother you at school (three or more times) (N=1123)*	672	9.1 (8.3 - 9.9)	71	20.8 (16.2 - 25.4)	44	15.3 (10.9 - 19.7)
Not gone to school at least once in the last month - afraid that someone will hurt or bother you (N=7984)*	248	3.4 (2.9 - 3.9)	42	11.9 (7.9 - 15.8)	24	8.5 (5.3 - 11.7)
Bullied at school weekly or more often in past year (N=7988)*	407	5.5 (4.8 - 6.2)	51	15.0 (11.4 - 18.6)	31	10.4 (6.5 - 14.4)
(Of those bullied) Bullied because I am gay or people thought I was (N=2067)*	106	5.7 (4.6 - 6.8)	47	32.7 (25.3 - 40.0)	4	5.6 (0.2 - 10.9)
Not participated in sports as concerned about what others think of gay people (N=318)*	N/A	N/A	22	6.9 (3.5 - 10.2)	N/A	N/A

* Corresponds to the total number of students who responded to this question



Table 16. Friends, spirituality/religion and group/team/club involvement (2007)

	Opposite Sex		Same/Both Sexes		Not Sure/Neither	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Friends care about me a lot (N=6955)*	4637	72.3 (70.1 - 74.4)	216	73.2 (67.8 - 78.6)	167	68.9 (63.4 - 74.3)
I have friend(s) that I can talk to about anything (N=7872)*	6519	89.9 (89.0 - 90.8)	276	83.5 (79.3 - 87.7)	242	85.6 (82.1 - 89.1)
Would feel okay talking to an adult (not family) about serious problems (N=7745)*	3989	55.8 (54.0 - 57.6)	166	51.5 (45.0 - 57.9)	121	42.8 (36.9 - 48.7)
Spiritual beliefs or religious faith is very important to me (N=5936)*	1550	28.2 (25.0 - 31.4)	68	26.3 (21.0 - 31.6)	81	40.5 (32.1 - 48.9)
Attends place of worship weekly (or more often) (N=5985)*	1572	28.3 (24.6 - 32.1)	54	21.1 (15.6 - 26.6)	79	38.9 (30.1 - 47.6)
Belongs to a (N=7739)*:						
Church group	1363	19.0 (16.5 - 21.6)	57	17.7 (12.5 - 22.8)	77	27.0 (20.9 - 33.1)
Sports team or group	2699	37.8 (35.9 - 39.7)	82	25.2 (19.2 - 31.2)	68	24.2 (18.5 - 30.0)
Cultural group	432	6.1 (5.0 - 7.2)	28	8.6 (5.5 - 11.6)	33	11.8 (8.1 - 15.4)
Volunteer group	259	3.6 (3.2 - 4.1)	34	10.5 (7.1 - 13.8)	8	2.7 (0.9 - 4.4)
Other type of group or club	1016	14.2 (13.2 - 15.1)	52	16.3 (11.8 - 20.8)	31	11.3 (7.9 - 14.7)

* Corresponds to the total number of students who responded to this question

**Table 17. Age first aware of same-sex attraction
- same/both-sex-attracted students (2001 compared to 2007)**

	2001		2007	
	n	% (95% CI)	n	% (95% CI)
Age first aware of same-sex attraction				
11 or less	108	35.2 (30.0 - 40.4)	101	30.4 (25.2 - 35.5)
12	45	14.5 (9.9 - 19.1)	43	12.8 (9.1 - 16.4)
13	40	12.7 (8.8 - 16.5)	66	19.5 (15.1 - 23.8)
14	42	13.6 (9.3 - 17.9)	46	14.0 (10.8 - 17.2)
15	40	13.8 (9.7 - 17.9)	44	12.6 (8.6 - 16.7)
16	17	5.6 (2.8 - 8.3)	22	6.7 (3.5 - 9.9)
17 or older	15	4.6 (2.5 - 6.7)	14	4.1 (1.9 - 6.2)



Table 18. Selected comparisons - same/both-sex-attracted (2001 compared to 2007)

	2001		2007	
	n	% (95% CI)	n	% (95% CI)
Family Relationships:				
Parents care about me a lot	282	83.0 (79.1 – 87.0)	285	83.7 (79.6 - 87.8)
I'm happy with my family relationships	152	44.2 (38.8 – 49.6)	187	54.8 (49.6 - 60.1)
Gets to spend enough time with parents	185	55.3 (50.1 – 60.6)	152	44.9 (38.9 - 51.0)
General Wellbeing:				
In general, health is 'good – excellent'	287	83.9 (80.2 – 87.6)	275	80.7 (76.3 - 85.1)
Happy or satisfied with life*	254	74.0 (69.7 – 78.3)	254	74.8 (69.6 - 79.9)
Mental Health & Substance Use:				
Significant depressive symptoms (RADS - short version)	89	27.0 (22.3 – 31.6)	102	30.4 (25.5 - 35.3)
Attempted suicide (in the past 12 months)*	77	22.1 (17.6 – 26.5)	69	20.0 (15.8 - 24.3)
Binge alcohol drinking	142	45.8 (40.3 – 51.2)	152	47.7 (41.5 - 54.0)
Weekly cigarette smoking	84	26.7 (21.9 – 31.5)	56	16.5 (12.1 - 21.0)
Weekly marijuana use	51	17.0 (13.2 – 20.9)	37	11.9 (7.9 - 15.9)
Sexual Health:				
Ever had sexual intercourse	179	51.5 (46.0 – 57.0)	202	59.1 (53.6 - 64.6)
Condom used during last sexual intercourse	68	42.6 (34.8 – 50.5)	105	52.6 (45.0 - 60.3)
School:				
I like school (a lot/a bit/it's ok)	264	79.6 (75.1 – 84.0)	270	79.1 (75.4 - 82.8)
Feel part of school	247	74.4 (69.5 – 79.4)	257	75.2 (69.5 - 81.0)
Adults at school care about me	274	82.8 (78.6 – 86.9)	283	82.4 (77.8 - 87.0)
Discrimination:				
I feel safe at school (all or most of the time)	224	67.6 (62.1 – 73.1)	254	74.0 (68.8 - 79.2)
I feel safe in my neighbourhood (all or most of the time)	244	76.4 (71.3 – 81.5)	243	75.0 (70.9 - 79.0)
Bullied at school weekly or more often in past year	52	16.6 (12.2 – 21.0)	51	15.0 (11.4 - 18.6)
Community:				
Friends care about me a lot	177	61.3 (55.7 – 67.0)	216	73.2 (67.8 - 78.6)
Would feel okay talking to an adult (not family) about serious problems	176	56.1 (50.1 – 62.1)	166	51.5 (45.0 - 57.9)
Spiritual beliefs or religious faith is very important to me*	137	44.2 (37.6 – 50.7)	68	26.3 (21.0 - 31.6)
Attends place of worship weekly (or more often)*	80	25.2 (19.4 – 30.9)	54	21.1 (15.6 - 26.6)

* Indicates a significant difference ($p \leq 0.05$) between the trends observed for same/both-sex-attracted and opposite-sex-attracted youth between 2001 and 2007.



Notes





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